Application Number

10/577,395

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT  First Named Inventor Ronald W. Wood  Title DETECTION OF NEUROPEPTIDES ASSOCIATED  Group Art Unix Unknown  Examiner Name To be Assigned  Attorney Docket Number 176/61672  I hereby appoint:  Practitioners at Customer Number 26774  Practitioner(s) named below  Name Registration Number
AUTHORIZATION OF AGENT  Title  Group Art Unit  Unknown  Examiner Name Attorney Docket Number  To be Assigned Attorney Docket Number  176/61672  I hereby appoint:  Practitioners at Customer Number  OR  Practitioner(s) named below
Group Art Unit Unknown  Examiner Name To be Assigned  Attorney Docket Number 176/61672  I hereby appoint:  Practitioners at Customer Number 26774  Practitioner(s) named below  Group Art Unit Unknown  Unknown  To be Assigned  Practicular Number 176/61672  Place Customer  Number Bar Code  Label here
Attorney Docket Number 176/61672  I hereby appoint:  Practitioners at Customer Number 26774  Practitioner(s) named below  Attorney Docket Number 176/61672  Place Customer Number Bar Code Label here
I hereby appoint:  Practitioners at Customer Number 26774  Practitioner(s) named below  Practitioner(s) named below
Practitioners at Customer Number 26774  OR  Practitioner(s) named below
Practitioners at Customer Number 26774  OR  Practitioner(s) named below
OR  Label here  Practitioner(s) named below
☐ Practitioner(s) named below
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the
omed outes recent and resource connected increwing
Please change the correspondence address for the above-identified application to:
The above-mentioned Customer Number
OR Place Customer
☐ Practitioners at Customer Number Number Number
OR Label here
D Firm or
Individual Name
Address
City State Zip
Country
Telephone Fax
I am the:
☐ Applicant/Inventor.
Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
SIGNATURE of Applicant or Assignee of Record
Name University of Vermont and State Apricultural College
Signature Cult College
NOTE: Signatures of all the inventors or assigners of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below.